FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **845343** **(3)**

1. Corporation Name
WSMP, INC.

Principal Place of Business	Mailing Address
WSMP DRIVE P.O. BOX 399 CLAREMONT, NC 28610	WSMP DRIVE P.O. BOX 399 CLAREMONT, NC 28610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1980
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

4. FEI Number: 56-0945643 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE	CFO	☑ Change ☐ Addition
NAME	HOLMAN, BOBBY G.	12 NAME		
STREET ADDRESS	WSMP DR.	13 STREET ADDRESS		
CITY-ST-ZIP	CLAREMONT NC	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, JAMES C. JR	22 NAME		
STREET ADDRESS	WSMP DR	23 STREET ADDRESS		
CITY-ST-ZIP	CLAREMONT NC	24 CITY-ST-ZIP		
TITLE	CSD	31 TITLE		☐ Change ☐ Addition
NAME	HOWARD, RICHARD F.	32 NAME		
STREET ADDRESS	WSMP DR	33 STREET ADDRESS		
CITY-ST-ZIP	CLAREMONT NC	34 CITY-ST-ZIP		
TITLE	VAS	41 TITLE	VP ACCTG	☑ Change ☐ Addition
NAME	CRAFT, RICHARD DELETE	42 NAME	MATTHEW V. HOLLIFIELD	
STREET ADDRESS	WSMP DR	43 STREET ADDRESS	WSMP DRIVE	
CITY-ST-ZIP	CLAREMONT NC	44 CITY-ST-ZIP	CLAREMONT NC 28610	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	DIGH, RONNIE L.	52 NAME		
STREET ADDRESS	WSMP DR	53 STREET ADDRESS		
CITY-ST-ZIP	CLAREMONT NC	54 CITY-ST-ZIP		
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	BERRY, JAMES W.	62 NAME		
STREET ADDRESS	WSMP DR	63 STREET ADDRESS		
CITY-ST-ZIP	CLAREMONT NC	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] (Matthew V. Hollifield) 4-11-95 7044597626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300234 FP